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ABSTRACT

This report reviews studies investigating both the characteristics of abusive families and the efficacy of treatment interventions for abusive parents. The investigation emphasizes variables such as the individual characteristics of the parent, individual characteristics of the child, and family patterns that are related to child abuse. Particular attention is given to Patterson's theory of coercive family processes and its usefulness in understanding the nature and functioning of abusive families. The report presents results of a review of the empirical literataure as revealing three main approaches to the treatment of abusive parents: social learning, ecological, and supportive/discussion group. The study discusses the efficacy of the social learning interventions as being the most strongly supported. The study notes that ecological treatment programs have not undergone evaluation as thoroughly as the social learning interventions, but the limited research available indicates that this approach holds some promise. In contrast, the research presents evidence which indicates that the supportive/discussion group approach is not effective as a primary intervention for abusive parents. (Author/TE)

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CHILD ABUSE: A REVIEW OF FAMILY CHARACTERISTICS AND TREATMENT INTERVENTIONS FOR ABUSIVE PARENTS

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CHILD ABUSE: A REVIEW OF FAMILY CHARACTERISTICS AND TREATMENT INTERVENTIONS FOR ABUSIVE PARENTS

A Doctoral Research Paper

Presented to

the Faculty of Rosemead School of Psychology

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Doctor of Psychology

By

Robert R. Gosselin

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ABSTRACT

CHILD ABUSE: A REVIEW OF FAMILY CHARACTERISTICS AND TREATMENT INTERVENTIONS FOR ABUSIVE PARENTS

Robert R. Gosselin

Studies investigating both the characteristics of abusive families and the efficacy of treatment interventions for abusive parents are reviewed. Emphasis is placed on variables such as the individual characteristics of the parent, individual characteristics of the child, and family patterns that are related to child abuse. Particular attention is given to Patterson's theory of coercive family processes and its usefulness in understanding the nature and functioning of abusive families. A review of the empirical literature revealed three main approaches to the treatment of abusive parents: social learning, ecological, and supportive/discussion group. The efficacy of the social learning interventions were the most strongly supported. Ecological treatment programs have not been evaluated as thoroughly as the social learning interventions, but the limited research that is available indicates that this approach holds some promise. In contrast, the research evidence indicates that the supportive/discussion group approach is not effective as a primary intervention for abusive parents.

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Child Abuse: A Review of Family Characteristics and Treatment Interventions for Abusive Parents

Child abuse has existed for many centuries and has been found across all cultural and socioeconomic groups, yet for many years it has not been recognized or treated as a problem. In tracing the history of child abuse over the last five centuries, Ross (1980) has noted that severe parental disciplinary actions have often been the cultural norm. Severe parental disciplinary practices were based upon the view of a child as being the property of the parent, and justification for this was found in biblical passages (e.g., Prov. 13:24; New International Version, 1978). It has been only relatively recently that child abuse has been considered a serious problem that necessitates intervention.

Purpose of Paper

The primary purpose of this paper is to review and critique the research investigations that have examined the effectiveness of treatment interventions for abusive parents. This paper garners and presents information on guidelines and strategies for treatment of abusive parents and families. Practical implications for both research and treatment are made based on the conclusions drawn from the studies. The majority of the information regarding treatment is included in the second major section of the paper. The treatment studies are reviewed in regards to methodological issues of research design, description of subjects, and the type of the dependent variable used. In addition, outcome findings are

reviewed in regards to the different treatment approaches and other characteristics and factors of the treatment interventions.

In the first major section of the paper the focus is on providing a conceptualization of child abuse that serves as a foundation for understanding and critiquing the treatment research studies. In this section issues related to defining child abuse are discussed and an overview of the research on child abuse and parent characteristics, child characteristics, and family characteristics and patterns are presented. In addition, the major theoretical orientations toward child abuse are identified and discussed. Such a body of information is desirable since it provides concerned professionals with a resource for effective work in this area.

Incidence of Child Abuse

Child abuse is now recognized as a pervasive problem of great magnitude. While it is difficult to precisely define the extent of child abuse in the United States, estimates of the incidence are quite alarming. A conservative estimate, based on substantiated reports nationwide, indicate that 351,000 children are abused by their caregivers each year (National Center of Child Abuse and Neglect, 1981). In contrast to this, Straus, Gelles, & Steinmetz, (1980) estimated on the basis of extrapolated data from a nationwide survey, that between 1.4 and 1.9 million children each year are at risk of serious injury from a family member. Similarly, Hefler (1982) estimated that 1%-1 1/2% of all children in the U.S. are abused on an annual basis. The variation in these estimates reflects the difficulty of attempting to determine the incidence of child abuse.

This difficulty is due to varying definitions of abuse in the literature and the nature of the sampling methods used.

Consequences of Child Abuse

All states in this country have cruelty-to-children or assault and battery charges that make it a crime to abuse or neglect a child. In response to child maltreatment, the state can take action to protect the welfare of the child and may place the family under protective service supervision, or in some cases, even remove the child from the home. In the majority of reported child abuse cases the offender, at least initially, is not prosecuted and the involuntary removal of the child does not occur. Instead, the case is typically referred, and in many instances participation in psychological treatment is ordered (Beyer & Mlyniec, 1988). If the parents do not comply, or if abuse continues, removal of the child and prosecution of the offender are likely to take place.

Child abuse also results in significant physical, emotional, and behavioral consequences for the child. In addition to the fact that child abuse may result in serious physical injury or death (Fontana & Robinson, 1976), it also has a negative impact on the child's psychological functioning and his/her future behavior. Children who have experienced abuse and the absence of emotional and behavioral support in the family are at an increased risk for psychological problems (Garbarino, Gettman, & Seeley, 1986; Hart & Brassard, 1987). Child abuse has also been linked to the development of antisocial behavior occurring later in life and the perpetuation of family violence across generations (Strauss et al., 1980; Alfaro,

1981). In one study, Alfaro (1981) found that 50% of the families reported for abuse and neglect in New York State had at least one child who had been involved in the court system due to delinquency. Wolfe (1985) has hypothesized that children who are abused, and thus exposed to the use of aggression and violence as a means of conflict-resolution, may fail to develop adequate controls of anger and tension. In sum, because of the high incidence, the suffering it inflicts on its victims, and the costs it imposes on society, child abuse has come to be recognized as a significant social problem (Conger, 1980).

Early Research

The publication of Kempe, Silverman, Steele, Droegmuller, & Silver's (1962) article on "the battered child syndrome" is generally recognized as the first study to prompt widespread public recognition of child abuse as a problem. This research resulted in extensive media coverage and in the passage of laws for reporting child abuse in most states. However, for approximately the next twelve years, child abuse was viewed and treated as primarily a legal violation. Then, in 1974, with the creation of the National Center on Child Abuse and Neglect (under the Federal Child Abuse Prevention and Treatment Act), the U.S. first began to battle child abuse at a national level. This act resulted in over $50 million being spent on research, demonstration, and evaluation from 1974-1980. It also served to stimulate an increasing number of publications and the development of various models of child abuse, assessment, and intervention strategies (Besharov, 1981).

Early Outcome Studies

In regards to intervention strategies for abusing parents, the early research done in the area was somewhat disappointing. The two primary problems with the studies were that research design was weak and interventions were not proven to be effective. In regards to treatment effectiveness, Williams (1983) stated that "a crucial variable in assessing treatment effectiveness is recidivism. Despite its narrowness and the probability of underestimation, the criterion of repetition of child abuse has the merits of quantifiability, specificability, objectivity and appropriateness as a dependent variable in research on the effects of treatment" (p. 313).

Recidivism. The reported rates of recidivism in early investigations were quite high, ranging from 30%-60%. Some of the most discouraging findings were reported by Cohn (1979) in a study that evaulated the effectivenss of eleven three year projects funded by the U.S. government. Cohn reported that 30% of the entire sample of abusive parents

" . . . severely abused or neglected their children while in treatment" (p. 514). Furthermore, in 56% of the cases determined to be serious at intake, reincidence of severe abuse occurred. Similarly, in a follow-up study of over 500 parents who had received treatment for child abuse, Herenkohl & Herenkohl (1979) found that there were verified incidents of reabuse in 67% of the population. At the least, these studies raised serious questions about the effectiveness of treatment programs for abusing parents.

Research Design. Another shortcoming in the early research was the weak research design used in these studies. A review of all

of the research investigations involving interventions for abusing parents prior to 1980 reveals that all of the studies were quasi-experimental designs (Campbell, 1988), and thus, none were true experimental designs. Such weaknesses in the research designs of these studies made it impossible to rule out major threats to internal validity and to determine if in fact the experimental interventions were truly effective. In discussing this problem with these studies Conger, Lahey, & Smith (1981) noted " . . . the outcome produced by these various treatment approaches have not been studied in a fashion that permits valid inferences concerning their effectiveness" (p. 49).

Considering the seriousness and pervasiveness of the problem of child abuse and the great monetary expenditures that have been made in an attempt to eradicate the problem, these deficits seem unpardonable. Many of the treatment approaches that have been popular and common have simply lacked experimental validation. While the results of some studies have suggested that various interventions may be effective, they have far from answered the classic and important question: "what treatment, by whom, is most effective for this individual with that specific problem, and under what set of circumstances "(Paul, 1967; p. 111). It appears that as a whole, research in the area of interventions for abusing parents has been in its infancy period. Along these lines, Gambrill and Barth (1980) point out that it is typical for there to be a "progression of research efforts in which more explanatory designs are used first" (p.117). Fortunately, in more recent years there has been a general progression toward the use of sounder and more sophisticated

research methods in studies that have examined the effectiveness of interventions for abusive parents.

Definition of Child Abuse

A critical issue in the field of child abuse treatment and research is the need to develop an adequate definition of child abuse; for, it is based on this definition of abuse that families are identified as needing some form of intervention in the first place. Likewise, a definition of child abuse should provide the necessary criteria for identifying what parents or families are included in research investigations of abuse.

In early investigations child abuse was defined in a variety of ways. In their review, Park & Collmer (1975) identified three basic approaches that had been used to define abuse. These included abuse defined: (a) in terms of outcome, such as physical injury; (b) in terms of intentionality; and (c) with reference to cultural and community standards concerning the treatment of children. Based on these approaches Isaacs (1982) concluded "that a definition that evolves from the literature includes the presence of physical injury, intentionally inflicted, and, by social judgement deemed abusive" (p. 273). One criticism of this definition is that it includes intentionality as a criterion for identifying abuse. Hefler (1982) has argued that the term "non-accidental" is more accurate and appropriate since it does not imply motivation, but rather the absence of accident. Hefler's definition, which is commonly cited in the literature, is that abuse is "any interaction or lack of interaction between a child and his/her caregiver which results in non-accidental harm to the child's

physical and/or developmental state (p. 252). However, studies that have used this or similar definitions have been criticized by some for using definitions that lack comparability, reliability, and operational standards (Besharov, 1981; Friedman, Sandler, Hernandez, & Wolfe, 1981; Plotkin, Azar, Twentyman, & Perri, 1981). As a response to this investigators have commonly employed a two-part procedure for defining abuse. This approach is quite practical and is based on the fact that any case of child abuse, which serves as the raw data for the research investigation, is usually obtained through the mediation of a child-protective agency (Smith, 1984). It is a two-part procedure that defines abuse on the basis of: (a) evidence known to the protective service agency, and (b) the research staff's evaluation (based on clinical interview information and consideration of protective services report) of the parent, as having committed an abusive act (Wolfe, 1985). Wolfe (1985) and Gelles (1982) have both concluded that these changes have resulted in acceptable operational validity, and naturally, greater consistencies in research studies.

These definitions are very practical, and they do provide criteria for identifying when an act is abusive. However, these types of definitions reflect a simplistic view of child abuse and provide very little information about the nature and type of abuse. This is problematic since abuse is a complex, multifaceted disorder and because abusive parents are a heterogeneous population. It is imperative that our definitions of child abuse go beyond simply identifying that an abusive act has occurred and describe the nature and type of abuse. Typically, abuse has been defined largely on the basis of a physical injury (see Isaacs, 1982; Hefler, 1982; Park &

Collmer, 1975). In contrast, Smith suggests that this criteria regarding outcome must be extended to include the degree of injury to the child in relation to (a) the age of the child; (b) the circumstances in which the injury occurred, and (c) the local community norms for physical discipline. Thus, there is more emphasis on the nature and circumstances of the act, as opposed to simply the consequences. This could provide crucial information regarding the severity and seriousness of the abuse problem. For example, there is quite a difference between how a society would regard a small bruise or a fractured skull. Furthermore, these data seem warranted since, as has already been mentioned, the severity and seriousness of abuse has been identified as a significant factor in treatment outcome (Cohn, 1979). Along these same lines, although not discussed by Smith, then is the need for information regarding the chronicity of the abuse problem, specifically the number and nature of previous injuries.

Smith identifies a second parameter of physical injury as being "the affect which accompanies the abusive act" (p. 335). Although she states that affect and intent should be distinguished she fails to clearly describe this distinction in her discussion of the terms. The usefulness of this criteria is not necessarily in identifying whether abuse has occurred or not, but in describing the nature and circumstances of the abusive act. The presence of a "non-accidental" injury to a child would be used to identify an incident of abuse. In contrast, intention would not be used to identify an incident of abuse, but rather to describe the nature and circumstances of the act. For example, was the abuse a controlled and purposeful behavior for

reasons of maliciousness or punishment, or, was it uncontrolled, such as when a parent under stress hurts a child more than was intended? It seems that these distincitions are potentially important since controlled, purposeful behavior may be treated in a different manner than uncontrolled behavior, prompted primarily by stress.

In summary, an appropriate definition of abuse must reflect our knowledge of child abuse as being a complex, multi-faceted disorder. The definition must go beyond simply identifying that abuse has occurred to being able to describe the nature and circumstances of the abusive act. It should include information regarding the degree of injury in relation to (a) age of child; (b) environmental circumstances in which it occurred, including the affect with which it was delivered; (c) previous incidents of abuse; and (d) local cultural and community standards for the treatment of children.

Finally, an important need in the process of defining and describing abuse is that child abuse be distinguished from child neglect. A problem with a majority of the research done in the area of child abuse has been the failure of investigators to do just this Although a number of investigators have argued the importance of considering abuse and neglect as distinct forms of parental and family dysfuntion (Bousha & Twentyman, 1984; Brunk, Henggeler, & Whelan,1987; Herenkohl, Herenkohl, & Egolf 1983), in the studies reviewed for this paper the two were rarely distinguished. The consequences of this failure in the research literature are discussed at a latter point in this paper. In contrast to abuse, neglect is characterized by a chronic and pervasive pattern of parental

inadequacy and failure to assume basic child rearing responsibilities. Wolfe (1988) has defined neglect as a "chronic pattern of deprivation of necessities that must be remediated in order to prevent sustained and pervasive developmental impairments of the child" (p. 629). While this author would have ideally preferred to distinguish abuse and neglect throughout this paper and to explore the differences between the two, the failure of previous authors to recognize this difference and the selected focus of this paper makes such a task unfeasable at the present time.

Review of Family Characteristics

Parent Characteristics

Personality. Over the years there have been numerous studies investigating the personality characteristics or traits of abusive parents. In general, the research findings have not identified a particular personality type or psychological disorder that is characteristic of abusers. Parents who abuse their children tend to be a heterogeneous group with regard to personality type. Therefore, it has been suggested that child abuse should not be described as a psychiatric diagnosis, but rather as a pattern of behaviors (Steele & Pollock, 1968; Wolfe, 1988). The research done in this area in recent years, in fact, has focused primarily on psychological and behavioral symptoms as opposed to identifying a general personality type.

The results of the vast majority of these studies indicate that abusive parents do manifest symptoms and levels of psychopathology higher than that of controls. For example, in a

study comparing abusive mothers with mothers whose children had been referred to an outpatient psychological clinic, it was found that maternal psychopathology was significantly greater for the abusive group (Estroff, Herrera, Gaines, Shaffer, Gould, & Green, 1984). Abusive parents have also been found to report more symptoms of depression and physical health problems than controls (Conger, Burgess, & Barret, 1979; Lahey, Conger, Atkeson, & Treiber, 1984; Milner & Wimberly, 1980; Spinetta, 1978; Kaplan, Pelcovitz, Salzinger, & Ganeles, 1983). Low self-esteem and feelings of worthlessness have also been associated with abusing parents. There have been few empirical investigations of abusive parents and self-esteem, but the studies that have been done have confirmed the longheld opinion that abusive parents often have low self-esteem (Anderson & Lauderdale, 1982; Schneider, Hoffmeister, & Hefler, 1976). Furthermore, there has been no contradictory evidence in any investigations to indicate that self-esteem is not a factor.

Another significant finding in the research literature is that abusive parents tend to express more anger over childhood misbehavior than non-abusive parents (Altemeir, O'Conner, Vietze, Sandler, & Sherrod, 1982; Frodi et al., 1980). This finding is important since there is research to indicate that "anger-proneness" is predictive of harsh parental punishment (Engfer & Schneewind, 1982).

Parents' inability to empathize with their children is another factor that has been implicated with abuse. The lack of empathy is seen as an influential factor, because when the reverse is true-when parents are empathic-aggression is inhibited and more social and

adaptive behaviors, such as comforting, are promoted (Letourneau, 1981). In one study, Letourneau administered measures of empathy and life stress to a group of abusive mothers and a comparison group of mothers and found that there was a highly significant difference in levels of empathy between the groups. The abusive mothers displayed less empathy and were less emotionally responsive to their children than the control mothers. Furthermore, in comparing empathy with life stress it was found that empathy scores were the better predictors of abuse.

Stress is another factor that has been thought to be related to abusive behavior. Those from a sociological theoretical perspective have asserted that social stresses are the primary factors in child abuse (e.g., Gelles, 1978; Gil, 1970; Garbarino, 1976). However, in his review of research in this area Wolfe (1985) concluded that "abusive parents report levels of stress similar to non-abusive parents; yet they rate the impact of the stressors more severely than controls" (p. 642). In other words, abusive parents differ from non-abusive parents in the way they react and respond to stress, but not in the level of life stress that they face.

Childhood Experiences. The abuser's childhood experiences have long been an area of great interest, largely because it is believed that prior abuse and exposure to family violence perpetuate a cycle of violence across generations. Indeed, research in this area has consistently shown that abusive parents have often been victims of abuse themselves as children (Lewis et al., 1984; Tarter et al., 1984; Monane et al., 1984). The significance of this factor in isolation, however, must be weighed with caution since less than 15%

of all adults who were abused themselves as children were found to abuse their own children (Strauss et al., 1980).

Knowledge and Perceptions of Children. Much attention has also been given to the idea that child maltreatment may be the result of both unrealistic expectations parents have for their children and a lack of information concerning child development and behavior. It is theorized that an abusive parent may frequently punish his/her child because the child is incapable of meeting the parent's age-inappropriate expectations. The research findings in this area have been mixed. In general, when unrealistic expectations have been measured by assessing parents' knowledge of child developmental milestones, the findings have not shown a deficit in knowledge among abusive parents. In contrast, when the measure is operationalized to assess more complex chains of childhood behavior, deficits have been found with abusive parents (Azar, S. T., Robinson, D. R., Hekimian, E., & Twentyman, C. T. 1984; Wolfe, 1985). For example, in one study (Azar et al., 1984) the measure that required mothers to rate the appropriateness of expecting various child behaviors (e.g., "there is nothing wrong with punishing a 9 month old for crying too much") differentiated abusive mothers from a comparison group, whereas the measure of knowledge of developmental milestones (e.g., ability to count, climb stairs, etc.) did not. Thus, an essential point for this area of study is that it is necessary to distinguish a parent's knowledge of general childhood development from the more important matter of a parent's active use and application of knowledge, experience, and expectations while making decisions affecting his/her actions toward the child.

Social Involvement. Social involvement is thought to enhance parental adjustment because it can facilitate problem solving, provide access to accurate information about children and cultural normative standards for parenting practices, provide opportunities for reinforcement practices for investment in the parental role, and provide affirmation of worth in the parenting role that enhances self-esteem (Cutrona, 1984). Studies in this area have found that abusive parents tend to avoid social contacts and fail to develop positive support networks (Garbarino, 1976; Salzinger, Kaplan, & Artemyeff, 1983; Wahler, 1980). In one study comparing abusing mothers with controls, the abusive mothers were found to be more isolated from supports and to spend less time with the people they identified as part of their social support system (Wahler, 1980).

Demographics. While child abuse is reported across all levels of SES, there is a higher ratio of abuse among parents of lower SES. Some authors have argued that the most important factor in the relationship between SES and abuse is the presence of mulitple stressors experienced by low SES families. The biological mother is most frequently found to be the abuser, although this finding appears to be largely a factor of the mother having more involvement with the children than the father. In fact, when occurrence of abuse is balanced for involvement there is a higher rate of abuse for the father (Gil, 1971; Golub, Espinoza, Damon, & Card, 1987). Abusive parents also tend to be of lower educational levels than the general public, and there is some evidence to suggest the IQ levels may be lower as well (Wolfe, 1988; Gil, 1971; Spinetta et al., 1978). In regards to race, minority parents are

overrepresented in reports of child abuse. While this may be partially due to a reporting bias, it is more likely related to the fact that there is a higher incidence of lower SES in minority families.

Circumstances Surrounding Abusive Incidents. Research evidence strongly suggests that child behavior is a major factor associated with abusive incidents. Wolfe (1988) has noted that "abusive incidents occur most often during difficult, but not uncommon, episodes of child behavior" (p. 640). It appears that in such situations behavior that parents experience as aversive (e.g., a child's crying or refusal) produce anger and stress in the parent that may then result in an aggressive response (Frodi & Lamb, 1980; Gil, 1970; Wolfe et al., 1983). Child behaviors such as aggression, defiance, fighting and arguing, lying and stealing, and behaviors that were inconveniences to the parents have been associated with child abuse in research studies (Herenkohl et al., 1983; Kadushin & Martin, 1981). An important factor, however, that has not been widely recognized in the literature is that these actions of children appear to be within the ordinary range of normal behavior. Thus, the more important factor involved in maltreatment appears to be the parent's overreaction to the behavior of the child. This hypothesis is congruent with the findings that abusive parents have unrealistic expectations of child behavior and respond more aversely to stress than the general population.

Another factor that has been associated with child abuse is marital conflict and violence. In one nationwide study, Strauss et al. (1980) estimated that in 40% of the marriages where the spouses were violent toward each other, physical abuse to a child occurred at

some point in the following year. This is consistent with the finding by Levenson & Goltman (1983) that the escalation of emotional arousal between spouses can easily be transferred to their interactions with their children.

Child Characteristics

Some theories of child abuse have recognized an interactive process between parent and child as contributing to the abuse and have emphasized that within the family, children are seen as potential contributor's to their maltreatment. There have been a number of investigations that have attempted to identify special characteristics of abused children. Early studies focused primarily on handicapping conditions, such as mental retardation, physical anomalies, and perinatal problems, that were thought to increase the stress on the parent (Klein & Stern, 1971; Elmer & Gregg, 1967: Frodi & Lamb, 1980). Indeed, children with these conditions are overrepresented in the abused population. However, careful analyses of the data suggest that these factors have been overemphasized (Egeland, Breitenbucher, & Rosenberg, 1980; Starr, Dietrich, Fischoff, Ceresnie, & Zweier, 1984). In his review, Wolfe (1985) concluded that minor deviations in child behavior (e.g., motor coordination, slow language development, being less affectionate) are more often related to the occurrence of abuse than are major handicaps. Furthermore, the research does not reveal any particular clinical pattern that can be associated with abuse, but rather a wide range of behaviors and characteristics. For example, in comparison with non-abused children, studies have found that abused children are less socially responsive, more aggressive toward peers, more

overactive and distractible, and are delayed in their academic performance, cognitive development, and motor development (Salzinger, Kaplan, Pelcovitz, Samit, & Krieger, 1984; Gaines, Sandgrund, Green, & Power, 1978; Hoffman-Plotkin & Twentyman, 1984).

Family Patterns

Patterson's Theory. Many of the researchers in this area have based their investigations on Patterson's (1976; 1982) theory of coercive family systems. Patterson theorizes that in some families (those he labels coercive) there is an overall tendency to handle problems in a coercive, physically aggressive manner. In these families there is a reciprocally aversive pattern of interchange, where all members participate in the maintenance of one another's coercive interactions. Family members are thought to maintain one another's coercive interactions in the sense that some behaviors of one person serve as a reward for the aversive behavior of the other. For example, in the case of a parent physically abusing a child, the parent's aggressive behavior is reinforced by the child's response of submission and compliance.

A key assumption of coercion theory is that the aversive behavior between the parent and child escalate in intensity and frequency over time. Child abuse, then, is thought to be the outcome of processes and interactions that have been in motion for sometime. Patterson (1982) theorizes that there is an escalation, or movement, from low amplitude to high amplitude aggression in which each increment in intensity has been reinforced by the submissive reaction of the victim to the prior increase in amplitude.

Patterson has also found that in coercive family systems, the parents have limited ability to discriminate prosocial and aversive behavior. There is a noncontingent aspect to these parents' behavior, where they are as likely to reinforce one behavior as another. Furthermore, Patterson (1982) has found that the parents, particularly the mother, control the negative level of aggression in the home and that they provide reactions that are crucial to the maintenance of high levels of coerciveness in the family. While the parents may experience a child's actions as unpleasant, wish to stop it, and express displeasure with it, they tend to reinforce the child's aversive interactions instead of imposing a negative sanction to stop the behavior. This results in extended interchanges of aversive behavior that place individuals at risk for escalation of the intensity of their interactions.

Research Findings. As aforementioned, a number of researchers have investigated Patterson's theory of coercive family systems with abusive families. The findings of these studies have been consistent with Patterson's theory of coercive family systems. The findings of these studies have repeatedly shown that there are higher levels of conflict and aversive behavior in abusive families as compared with non-abusive families. Numerous studies have demonstrated that abusive parents emit more aversive behaviors toward other family members than do non-abusive controls (Burgess & Conner, 1978; Reid, Taplin, & Lorber, 1981; Lahey et al., 1984; Lorber, Felton, & Reid, 1984). In addition, studies by Lorber et al. (1984) and Reid et al. (1981) have found that the non-abusing parents in abusive families also emitted aversive behavior at a

higher rate in their family interactions than did controls. Similarly, children in abusive families have also been found to display higher rates of aversive behavior than children in control groups (Reid et al., 1981). The finding that both parents and child within the abusive family engaged in higher rates of aversive interactions suggests a coercive style of interaction in the family that goes beyond the individual abusive parent. Lorber et al. (1984) study had several other findings that were in line with Patterson's theory. For example, they found that as the abusive parent's overall aversive behavior increased, the frequency of physically aggressive acts increased as well. Thus, low intensity aversive behavior precipitated high intensity aversive behavior. These researchers also found that the abusive parents were involved in a high frequency of extended aversive interchanges, many of which continued beyond a two or three aversive behavior sequence. Thus, Lorber et al. theorized that one differentiating factor in the process of child abuse is the abusive parents inability to terminate his/her own aversive interactions with his/her child. In this study, the researchers also found that abusive parents had limited ability to detect the onset of prosocial and aversive behaviors of a child and as a result: (a) were not effective in providing appropriate consequences for aversive child behavior, and (b) tended to reinforce more of their children's aversive behaviors than nonabusive controls.

Theoretical Approaches

Over the past 20 years four major theoretical orientations toward child abuse have emerged from the voluminous research on

the etiology of child abuse: the sociological, the psychodynamic or intraindividual, the social-interactional, and the ecological.

Sociological. Following increased awareness and recognition of child abuse as a psychological and medical problem in the 1960's, sociologists initiated the first investigations into the etiology of abuse. The focus of the sociological approach is on social "causes" of abuse such as, poverty, unemployment, social/physical isolation, divorce, low income. These various social stresses are assumed to be the primary cause of child abuse (Kempe et al., 1962; Gil, 1970).

Psychodynamic or Intraindividual. Psychologists first attempts to research and explore the etiology and nature of child abuse were primarily from a psychodynamic perspective. This approach, which has also been labeled the psychiatric model, (Parke & Collmer, 1975), focuses on the individual characteristics of the abusive parent. Studies from this perspective have involved measures of self-esteem, childhood experiences, depression, and impulse control to distinguish etiological factors of the abusive parent that may be responsible for the abuse (Shortkey, 1979; Alexander, 1980). This approach assigns a primacy to the abusive parent's characteristics and relegates contemporaneous, sociological variables to lesser importance.

Social-Interactional. In more recent years the social interactional conceptual model of child abuse has emerged from the paradigm of learning theory. It places heavy emphasis on bi-directional influences of behavior among family members, meaning that both the parents and child are regarded as active participants in the abuse process (Wolfe, 1985; Lorber et al., 1984). Based on the

work of Patterson, it is theorized that abuse results from an escalation of aversive interactions between parent and child in which the parent is typically attempting to establish control over the child's aversive behavior (Reid et al., 1981). Studies from this perspective typically focus on a microanalysis of interactions in abusive vs nonabusive families. Key aspects of parent-child interaction that are hypothesized include: lack of parental skill in handling day to day discipline situations, high rates of aversive behaviors by both parent and child, antecedent events that precipitate abuse, and the consequences that may maintain abuse.

Ecological. A model that has gained prominence in the last decade is the ecological approach, which is based on systems theory. From this perspective child abuse is thought to result from the interaction of multiple factors, including individual characteristics of the abusive parent, abuse eliciting characteristics of children, dysfunctional family patterns, stress inducing social forces, and abuse promoting cultural values that are ecologically nested within one another (Belsky, 1980). The theory attempts to integrate the divergent etiological viewpoints within an ecological framework. It emphasizes that each of the etiological factors have a potentially causative role, but it also explicitly recognizes their interaction in the etiology of child abuse. Belsky (1980) proposes four levels of analysis that are believed to "subsume almost all of the factors and explanation that have been posited in efforts to account for the etiology of child abuse (p. 321). The levels are: ontogenic development, which represents the individual characteristics of the parents; the microsystem, which represents the family interactions;

the exosystem, which represents sociological factors that induce stress; and the macrosystem, which subsumes the cultural values and beliefs that foster child abuse. The ecological model provides a system or framework for integrating the psychiatric, sociological, and social interactional models. Lastly, it should be noted that the social-interactional and ecological models have some significant differences that some authors have failed to recognize.. The primary distinction is that while both models describe the multidimensional and interactional nature of child abuse, the social interactional model is limited to an analysis of the microsystem or family interactions.

Review of Treatment Studies

Criteria for Review of Treatment Studies

The inclusion criteria for this review are that the study must: (a) employ a treatment intervention involving the maltreating parent(s); (b) specify the independent variable; (c) specify the measurement outcome; and (d) define the population receiving treatment (Campbell, 1980). A thorough search of the literature found thirty-six studies that met this criteria. This review analyzes and critiques these investigations in terms of their research design, target population, outcome measures, and outcome findings. Practical implications for both research and treatment will be described based on the conclusions drawn from the studies reviewed.

Methodological Issues

Subjects. The studies reviewed varied in quality as to their descriptions of the participants. There was considerable variation in descriptions of the type and severity of maltreatment, how abuse or

neglect were documented, and the nature of the referral source. In the 36 studies the target population was most frequently parents who had maltreated their children, or less often, who were considered a high risk for abuse or neglect. The nature and severity of maltreatment were rarely clearly documented or described. In nearly one-third of the studies, no distinction was made between child abuse and child neglect. Similarly, it was not uncommon for parents who were identified as abusive and parents who were evaluated as being at risk to be combined together and treated as the same population. The severity of abuse (e.g., bruise compared to broken bone) was described in very few of the studies. Furthermore, in the vast majority of the studies actual occurrence of abuse or neglect was not well documented. Occurrence of abuse was simply based on the subject's or referral source's indication that abuse had occurred, or that the parents were at risk. Typically, abuse was documented based on the fact that children's protective services was involved, that they indicated that abuse had occurred, and that they made a referral for treatment. Studies that used at least minimal criteria, such as, at least one documented incident of abuse or neglect by court or protective services (see e.g., Brunk et al., 1987; Egan, 1983; Wolfe, Aragona, Kaufman, & Sandler,1980), provide information that facilitates the interpretation of treatment results and that enhances the studies' validity The lack of reliable information on the type and severity of maltreatment are noteworthy, particularly since differences in treatment effects have been associated with the severity of the maltreatment (Cohn, 1979) and with abuse compared to neglect (Brunk et al., 1987).

Whether a subject was voluntarily or involuntarily participating in treatment was clearly documented in only 11 of the cases. The importance of this information seems obvious as one would naturally expect that someone who was court-ordered to receive treatment might respond differently to treatment than someone who was self-referred or voluntary. A few investigations of this issue (Wolfe, 1980; Iruestes-Montes, 1988) have found that there are indeed differences in compliance with treatment for court ordered vs. voluntary parents.

As a whole demographic information reported in the studies are rather minimal. Most often, the ages and sexes of abusing parents and children, and the SES are the only data provided. In less than one-half of the studies information on education level, employment status, and marital status were reported. Unfortunately, factors such as social involvement, social stress, and parental psychological symptoms, which have been associated with abusive parents, have very rarely been measured. It is important that studies provide more demographic information since this type of data would help explain study findings and enhance clinical relevance.

Research Design. For the majority of studies included in this review, the research design was relatively simple. There does, however, appear to be a trend in more recent studies to use more sophisticated and rigorous research methods. Of the thirty-six studies reviewed in this paper, three of them used true experimental designs, twelve of them were quasi-experimental designs, and twenty one of them were pre-experimental designs. The majority of

the studies did not employ a true control or comparison group. In a number of studies that used a control or comparison group, the clients in these situations differed significantly from the treatment population. Lorber et al. (1984) used two comparison groups, one of which was comprised of distressed families and the other of families from the general population, neither of which had incidents of reported abuse as did the treatment group. In another study, Barth, Blythe, Schinke, & Schilling (1983) recruited a control group of mothers that differed from the treatment group in that they were not abusive and that they had more education.

In only 3 studies did researchers choose to randomly assign the subjects. Wolfe, Sandler, & Kaufman (1981) had a treatment and control group of abusive parents in their study, but they assigned subjects on a first-come basis instead of randomly. Similarly, Burch & Mohr (1980) used a control group of abusive parents from a similar population as the treatment group but chose not to randomly assign subjects. A number of authors have pointed to ethical and practical difficulties of studying child abuse treatment as a rationale for not using control groups or randomization. However, a few recent studies demonstrate that designs can be more sophisticated, thereby ruling out important threats to internal validity, and at the same time being sensitive to ethical issues. The use of a treatment as usual control group, as opposed to a no treatment control group, is one such measure that can be taken. The clients in a treatment as usual control group receive the usual treatment and at the same time provide a standard for the treatment condition to be compared

against. Several recent studies (Wolfe et al., 1988; Hornick & Clark, 1986; and Egan, 1983) have used this type of control group.

Another potential threat to the internal validity of studies of child abuse treatment is high rates of mortality or attrition. Of the 36 studies in this paper only seven of them presented information on subject attrition. It is unfortunate that so few studies reported this basic information. When this data were averaged for all studies it was found that 47% of the clients dropped out of treatment before it was completed. The percentage of subjects that dropped out of the studies ranged from a low of 23% to a high of 67%. An encouraging finding, however, is that the attrition rate of the treatment and control groups did not differ in any of the studies that reported information on attrition. It seems likely that the high attrition rates in these studies highlight the problems with non-compliance to treatment and the high recidivism rates that are characteristic of this population.

Follow up data are necessary to accurately and completely evaluate the effectiveness of an intervention. Given the high recidivism rates that have been associated with abusive parents following treatment interventions, follow up data seems all the more essential in order to determine if changes are maintained over time. Less than one-half of the studies reported some form of follow up data. Moreover, the length of time before follow up tended to be relatively short, with only six studies providing data a year post-treatment. In addition, the measures that were used at follow up tended to be less rigorous than those employed at pre-test, post-test or during treatment. It was not unusual for researchers who had

previously used self-report measures and rated observations of parent-child interactions to use incidence of abuse as an outcome measure at follow up, even if that was the first time in the study that it was used as an outcome measure.

As aforementioned research investigations of child abuse treatment in earlier years used relatively simple designs; predominantly mulitiple baseline and single study designs. Studies included in this review that used such designs were not merely narrative accounts of treatment, but rather they objectively measured parent-child interactions and systematically manipulated an independent variables to examine their effect. The majority of these studies used the Family Interaction Coding System (FICS; Patterson et al., 1969) and collected data multiple times prior to, during and after treatment. While there are some problems generalizing data from these studies to other subjects, they have provided convincing evidence of the effectiveness of behavioral interventions with individual parents, thus paving the way for more rigorous investigations. Indeed, there is a clear trend in the recent research to use more sophisticated and well-designed studies. The case studies and AB designs are gradually being replaced by investigations with a larger number of subjects, random assignment, and control groups.

Dependent Variable. The assessment of outcome in child abuse treatment is a formidable task. Ideally, a study should use outcome measures that assess both the acquisition of certain target skills and the elimination or reduction of child abuse (Blythe, 1983). While reported incidence of child abuse is a critical indicator of outcome, it

is not considered a reliable measure of child maltreatment in and of itself (Gaudin & Kurtz, 1984). It is virtually impossible to study and observe abuse directly due to the fact that it is a private and illegal act that occurs at a relatively low frequency. Therefore, researchers have studied less extreme, routine interactions (e.g., aversive child and parent interactions) that are presumed to approximate abusive behaviors (Wolfe, 1988). Observations and ratings of these interactions are often used as a dependent measure. In addition to observation measures, self-report measures, standardized inventories, practioner's ratings of clients' gains, and evaluation of actual abuse are other dependent measures that have been used.

Ratings of behavioral observations were used in twenty-six of the studies reviewed, making it the most frequently employed outcome measure. Typical of this approach is Lorber et al. (1984) rating of aversive and positive child and parent behavior, in which the data were gathered by trained observers in 30-minute home observation sessions. The data were collected using the Family Interaction Coding System (FICS; Patterson, Reid, & Maerov, 1978) which recorded the ongoing behavior of the family members sequentially in terms of 29 code categories. This FICS was the most frequently used observational measure in the studies reviewed. The system's utility with abusive families has been widely demonstrated and numerous studies have demonstrated that it provides reliable and stable data (Reid et al., 1981; Patterson, 1982; Reid, 1978). In addition to the FICS a number of different observational measures have been used in other studies. All but one of these studies reported reliability information, and in the vast majority of the

studies the interrater reliability for the measure was well within acceptable limits.

One potential problem with the use of observational measures is reactivity. Campbell (1988) states that "any measurement procedure which makes the subject self-conscious or aware of the fact of the experiment can be suspected of being a reactive measurement. Whenever the measurement process is *not* a part of the normal environment it is probably reactive" (p. 153). The majority of studies that used ovservational measures conducted the ovservation in the home, and the subjects were aware that they were being observed. Patterson et al. (1978) , however, does not see the problem of reactivity with observational measures as a major threat to internal validity. In reviewing research on the problem of reactivity, Patterson et al. (1978) concluded that the presence of an observer is likely to result an increase in some specific task oriented or socially oriented behaviors. "The shifts, however, would not be characterized as a global attempt to look good" (p. 116). Furthermore reactivity can be controlled to a large degree if other characteristics such as, the use of coding systems with good reliability and the use of other dependent measures in addition to the observational measure are present (Campbell, 1988).

An outcome measure of actual occurrence of abuse was used in only eight of the thirty-six studies. Typically, the researchers simply conducted a review of the state child abuse registry or child welfare agency records to determine if any of their treatment cases had been reported for incidents of abuse (e.g., see Wolfe, 1981; Lorber et al.,1984). This type of measure tends to be quite rough and in five of

the studies was used for the first and only time as a outcome measure at follow-up. Although this may provide some indication of whether abuse had occurred, a measure that is based on formal reports would certainly be likely to underestimate the actual number of incidents of abuse. Better efforts to measure actual incidents of abuse involved using both a social caseworker's (who had regular contact with the family) evaluation of whether the children had any bruises or cuts, and self-report information from the mother in addition to reported incidents (Egan, 1983; De Bortali-Tregerthan, 1979).

A total of 16 studies used either a practitioner's rating of client gains, a self-report measure, or a standardized inventory to determine if clients had acquired particular target skills. In general, the studies that employed standardized instruments used ones that were relatively uncommon, and very little information regarding the validity and reliability of these instruments was provided. A few researchers developed their own measures (e.g., likert scales) to assess outcome, but again, they provided minimal data regarding the instrument's psychometric properties. There were, however, a few studies that used a standardized, self-report instrument in an appropriate manner. For example, Nomellini & Katz (1983) used the Novaco Anger Scale (Novaco, 1976) as a dependent measure in their study of anger control training with abusive parents. The Child Abuse Potential Inventory (CAPI; Milner, 1980) is one instrument that appears to have some promise as an outcome measure for studies on child abuse treatment, and that was used in a few of the studies reviewed. It assesses the respondent's attitudes, beliefs, and

feelings about parenting and has been found to have good reliability and predictive validity (Milner & Wimberly, 1979; Milner, Gold, Ayoub & Jacewitz, 1984). Considering these properties it is surprising that the CAPI has not been used more frequently than it has.

A number of researchers have noted that evaluation efforts of child abuse treatment programs must utilize multiple dependent measures. Measures of parent's attitude and knowledge, while easy to obtain, must not be the only form of appraisal. Likewise, measures of reported abuse alone are not sufficient for evaluating the outcome effectiveness of a treatment program. These measures should be used in combination with each other and along with direct measures of observation of parent-child interaction (Garbarino, 1986; Tramontana, Sherrets, & Authier, 1980; Gaudin & Kurtz, 1984).

In the studies reviewed, twenty-three of the investigations used only one type of dependent measure, seven used two kinds of measures, and six used three or more different types of measures. The majority of studies that used a single measure were done in the earlier years of research in this area. Typical of these studies was Sandler, Van Dercar, & Milhoan's (1978), in which the researchers trained two subjects in the use of positive reinforcement practices. The study was a simple A-B design with follow-up and it used the FICS as the sole dependent measure. As aformentioned there does appear to be a growing trend in recent years toward more sophisticated and rigorous research design in the studies investigating the effectiveness of interventions for abusive parents. With the maturing of the research it has become more common for

investigators to use multiple measures. Egan (1983), for example, used self-report measures, an observational measure of parent-child interactions, and an evaluation for actual physical abuse. Without question, efforts such as this to employ multiple dependent measures significantly strengthen the research design of a study.

Outcome Findings

A thorough search of the literature found thirty-six research studies that met the criteria for this review. An examination of these studies revealed that they were based primarily on social learning and ecological theories of child abuse. The search found no empirical studies from either a psychodynamic or sociological perspective. The absence of these studies in the literature is not surprising considering: (a) the fact that the focus of change from a sociological approach is on social policy, cultural prohibitions, and legal sanctions; and (b) that psychodynamic therapy has been traditionally difficult to evaluate from an empirical standpoint. Of the studies included in this paper there were three primary approaches to treatment interventions for abusing parents: social learning; ecological; and supportive, discussion group.

Social Learning

There were twenty studies that had a social learning component included in them (See Table 1 for a description of these studies). In the social learning approach behavior therapy is used to teach parenting skills, stress management, anger control, and problem solving. It is theorized that these skills enable the parent to

avoid physical coercion or violence, manage child misbehavior more effectively, and to reinforce appropriate child behavior.

Child management training. Child management techniques were taught in eighteen of the twenty social learning theory studies. Parents were taught skills such as positive reinforcement, time-out, ignoring, and assertive communication. Typically, explanations were given to parents as to why these methods were more effective than the punitive and aversive actions parents used prior to treatment. Bibliotherapy and dydactic instruction were frequently used methods of teaching the skills. Parents were asked to read parts of parenting books such as, Parents are Teachers (Becker, 1971) and Living with Children (Patterson, 1973), to complete homework and self-monitoring assignments, and to discuss and gain further instruction from a therapist. These methods were almost always supplemented with further training methods such as, role-play of typical problems, modeling of appropriate child management techniques, and behavioral rehearsal accompanied with peer and/or therapist feedback.

The materials and persons used in these procedures to facilitate learning varied greatly. Videotaped vignettes of common parent-child problems and appropriate methods of handling such situations were used in some studies. Other studies used videotapes of the parents' actual interaction with their child to help the parents learn to monitor their behavior. A few studies used the bug-in-the-ear method to teach parenting skills. With this method therapists were able to give parents instruction and feedback while the parents actually interacted with their child without disrupting the ongoing

action between parent and child. Of the twenty studies from a social learning approach, three of them were simply information providing while the rest of the studies used modeling, behavioral rehearsal and feedback, and/or role-play.

In one of the better parent training interventions, Wolfe et al. (1988) used bibliotherapy, bug-in-the-ear training, videotapes, and role-play with both parent and child involved to develop parenting skills. In the first phase of this treatment, parents completed a reading assignment, were given instruction by a therapist, and participated in modeling and rehearsal procedures. Particular problems were identified for each parent as the focus of treatment based on observations by the therapist and problems reported by the parent. Then, using the bug-in-the-ear, the therapist taught the parent to do such things as give clear, concise demands, use a time-out procedure and to reward compliance. The training was competency based whereby they progressed to more advanced skills (e.g., teaching effective time-out procedures) once proficiency was demonstrated on more basic criterion (e.g., instruction). The parents also watched videotapes and discussed their interactions with their children. This was thought to increase their interest in their children, to be informative, and to provide reinforcement for the parents. Additionally, parents were taught in vivo desensitization with their children present so that they could practice relaxation, diversion and similar coping responses in the presence of their children.

Of the twenty studies in which child management skills were taught to parents twenty one of them reported successful results. In

general the research design of these studies was adequate. Eleven of the studies were mulitple baseline or ABAB, five of them used a matched control or comparison group, and three of them used a comparison or control group with randomly assigned subjects. All of these studies used an observational instrument as a dependent measure, and all but two studies reported reliability information on the measure. In the vast majority of the cases the reliability was well within acceptable limits. The FICS was the most commonly used coding system and it has been shown to produce reliable and stable data. (e.g., Reid, 1978; Jones, Reid, & Patterson, 1975). Self-report or behavior checklist measures were used in seven of the studies, but reliability information was described in only one of these studies.

Child managment techniques were taught successfully from a number of approaches. One of the more common methods was the combination of bibliotherapy, dydactic instruction, and role-play (Sandler et al., 1978; Denicola & Sandler, 1980; Conger, 1981; Wolfe et al., 1981; Crozier & Katz, 1979; Reid et al.,1981). The Sandler et al. (1978) investigation was typical of these studies. It was a multiple baseline study, with three abusive parents, in which the training was done in individual therapy over a nine week period. The training consisted of the parent completing assigned readings, doing review tests, and then implementing the principles in written exercises. The last phase of the training was the use of role play procedures in which the therapist served first as the "model parent" and the parent as the child, and then the roles reversed. The FICS was used as the dependent measure and the interrater agreement was 91.6%. This treatment procedure was effective in reducing the parents aversive

actions (e.g., use of negative commands) and in increasing prosocial behavior, such as parent giving child approval and increased positive physical contact.

Other studies using interventions resembling Sandler et al. (1978) also found that this type of parent training resulted in a reduction of parents aversive behaviors, such as negative commands, disapproval, and aggressive physical contact. Moreover, a few of these studies found a decrease in the childs aversive behavior as well (Wolfe, 1981; Reid et al., 1981; Crozier & Katz, 1978; Conger, 1981). As a whole these findings indicate that a relatively simple parenting intervention consisting of bibliotherapy, dydactic instruction, and role play procedures, leads to abusive parents using more effective and less coercive child managment techniques.

A slightly more sophisticated treatment intervention was designed by Wolfe et al. (1981). In addition to bibliotherapy, instruction, and role play, the researchers used behavioral rehearsal with the child present and a contingency contracting procedure. Following the parents successes in implementing a procedure in role-play, the parents then rehearsed the procedure with the child in the therapist presence, thus enabling appropriate feedback to the parent. In addition, the researchers used contingency contracting with the parents which involved rewarding them with a selected reinforcer contingent upon the use of a given managment technique for one week. This treatment was found to be effective in improving the child management skills of the parents.

A few studies (Mastria, Mastria, & Harkins, 1979; Denicola & Sandler, 1980; Reid et al., 1981; Wolfe et al., 1988) have used

videotapes as part of the training procedure. Some of the studies used the videotapes strictly to present information (e.g., Reid et al., 1981) while in other studies the videotapes were used for a stimulus for role play or behavioral rehearsal. For example, in Denicola & Sandler's (1980) study they showed a series of 12 videotaped demonstrations of problem situations with a child engaging in a problem behavior and the parent responding inappropriately. The videotape was followed by a brief discussion in which the parent was asked to explain the inappropriate reaction and then to consider an alternative approach as suggested by their reading. Following this a videotape demonstration of the same parent successfully managing the same problem situation was shown. In other studies, videotapes of the parents session with the child were videotaped. These videotapes were used to help the parents monitor and criticize their behavior, and to gain therapist feedback. Teaching parenting skills with these methods resulted in improved family interactions as measured by changes in observed parent and child behavior.

The bug-in-the-ear training technique was successfully used in several studies teaching parenting skills. In two studies (Wolfe et al., 1982; Crimmins, Bradlyn, Lawrence, & Kelly, 1984) it was the sole intervention, while in Wolfe et al. (1988) it was one component of a treatment package. In the Crimmins (1984) study the therapist who was in the observation room prompted the mother to make positive verbal statements to the child. The therapist prompted the mother to make positive verbal statments following appropriate child behavior and verbally praised the mother when she did so. Observations were conducted in the home to determine if

generalization of the trained behaviors to the home had occurred. In this and the other studies the use of the bug-in-the-ear technique led to a significant increase in positive verbal and physical behaviors as well as a significant decrease in hostile verbal and physical behaviors.

Stress management. Stress management skills were taught to parents in five studies. Parents were taught such skills as progressive relaxation, deep breathing, and cognitive restructuring to reduce stress. In all but one of the studies evaluating stress management training, stress management training was used in conjunction with child management training. In Conger's (1981) study, for example, parents received progressive relaxation training along with a social learning child management training intervention. Four of the studies used a multiple baseline design and one study employed a comparison and control group with randomly assigned subjects. The studies varied in the types of dependent measures they used. Observational measures of parent-child interactions were used in each of the studies, while self-report, observational, or behavioral checklists were used in two studies.

In all five of the studies the researchers reported a positive outcome in terms of reduction of aversive behavior and/or an increase in prosocial behavior on the observational measures. Unfortunately, two of the studies (Sandler & Denicola, 1980; Conger, 1981) failed to measure any change in coping abilities, and thus, provide no valid information on the specific effects of stress management training. In regards to stress managment skills two of the studies demonstrated that these skills could be successfully

taught to abusive parents and that they lead to lower levels of stress or negative affect. In a multiple baseline design, Campbell, O'Brien, Bickett, & Lutzer (1983) found that the parents could successfully implement the relaxation procedures and that it had a positive effect of reducing the mother's migraine headaches.

In another study, Egan (1983) compared stress management training with child management training and used a number of different outcome measures to evaluate the effectiveness of the interventions. In this study parents learned cognitive and physiological controls of stress, used bibliotherapy and kept a diary of stress situations. On a physiological level they learned to use progressive relaxation to reduce stress, and on a cognitive level they learned to recognize negative ways of interpreting particular situations and to substitute positive or stress reducing self-statements. Egan found that parents who received the stress management training displayed more positive affect toward their child, and their child demonstrated more positive affect toward them. In addition, stress management component parents also reported less negative affect associated with negative life events and less conflict among family members. Furthermore, the results indicated a differential effect between the stress management training and child management training. Overall, these results provide modest support for the efficacy of stress management training with abusive parents.

Anger control training. Skills related to anger control training were taught in seven of the studies that had a social learning component. Such skills included self-monitoring, thought stop, self-

reinforcement, deep-breathing, problem-solving, and assertive communication. In Barth et al. (1983) study on self-control training, parents were taught a combination of various anger control skills. They learned self-monitoring techniques, such as identifying influences and determinants of anger, recognizing early physiological, emotional, and cognitive signs of anger, and relaxation techniques, such as deep breathing, calming self statments and self-reinforcement. Awareness of influences of anger responses were facilitated throught the use of videotape vignettes and role-play. Calming self statments (e.g.,"Calm down. I dont have to get angry just because he did") and self-reinforcement (e.g., "Good, you didn't yell--that only makes you and him more upset") were also taught, initially in pre-established role-play situations, and then with the parents own conflicts. In addition, parents learned relaxation responses for coping with anger, and on a behavioral level were taught to identify and choose actions/activities incompatible with angry assault (e.g., telephoning a friend, reading a magazine, playing the radio). In addition, parents were trained in assertive communication as a means of conflict resolution and reducing blaming hostile communication.

Whether or not anger control training was combined with another intervention such as child management training varied from study to study. In each of the studies the researchers concluded that the use of anger control training led to significant changes on an outcome measure. However, in a few of these studies (Wolfe, 1981; Denicola & Sandler, 1980; Lutzer & Rice, 1984) anger control training was combined with child management training and there was no

dependent measure used to examine the specific effects of the anger control training. Thus, in these studies while there may have been positive outcome, it is not possible to isolate exactly what training procedures accounted for this. There were, however, two studies that used anger control training as the primary interventions and that used dependent measures specific to the training to evaluate the effectiveness. For example, in a study by Nomenelli & Katz (1983) the authors used a multiple baseline design with three families to evaluate the effectiveness of their training procedure. They used a home observational measure with good interrater reliability and the Novaco Anger Scale as their dependent measures. They found that during and after the training, parents showed significant reductions in aversive behaviors, along with decreases in angry urges and overall proneness to provocation. Depsite the reductions in aversive behavior, increases in positive behavior were not significant. Similar positive finding were reported by Barth et al. (1983). They used the Novaco Anger Scale as well as behavior checklists, a self-statement inventory and an observational measure of parents interactions in a structured role-play situation. In comparison with a control group, parents in the treatment group used more calming self-statments, more "I" statements and less blaming and attacking statements, and had decreased overall anger levels. The research in this area suggests that anger control training is effective in changing the way abusive parents respond to anger arousal, and that it can lead to a reduction in parents aversive behavior with their children. Given previous research findings that abusive parents differ from

nonabusive parents in their difficulty of managing stress or anger, these results are truly signficant.

Slightly more than one-half of all the social learning studies conducted a follow up evaluation, and all but one of these reported a favorable outcome. The length of time before the follow up was relatively short, ranging from two months to one year. Of the twelve studies that conducted a follow up, five of them did not carry out the follow up evaluation with all of the measures that had been used at the post-treatment evaluation. A few of the studies (Lorber et al., 1984; Barth et al., 1983; DeBortali-Tregerthan, 1984) used reported incidents of child abuse as the only outcome measure at follow up. While reported incidents of abuse provides some rough information about the effectiveness of the intervention, it is not specific enough to evaluate whether skills in the targeted areas were maintained over time. The measures used at follow up should be the same measures used previously in the study if changes are to be accurately evaluated. All but one of the studies that used the same dependent measures at follow up found that changes evidenced at post treatment were maintained up to a year following treatment.

Ecological

Seven of the studies reviewed in this paper evaluated some form of an ecological approach to treating abusive parents (See Table 2 for a description of these studies). From an ecological viewpoint, abuse is viewed as being multi-determined and mulit-dimensional, and thus, the treatment approach focuses on a number of variables. Two variations of treatment approaches from an ecological perspective have emerged from the literature. One, the

ecobehavioral, is an integration of ecological theory with behavioral interventions. From this perspective child abuse is seen as a mulitfaceted problem in need of mulitfaceted treatment strategies. Thus, in-home behavioral treatment and training are provided in numerous target areas such as: home safety, marital counseling, stress reduction, parent child training, self-control, job placement, health maintenance and nutrition, and money management (Lutzer, 1984). The second type of ecological approach is multisystemic therapy. This approach is similar to certain family therapy approaches (Minuchin, 1974; Haley,1976), but it differs from these in that it also stresses the role of cognitive variables and extrafamilial variables in maintaining behavior problems such as abuse (Brunk et al., 1987).

Six of the seven ecological studies are ecobehavioral in nature. All six of these studies have been published in the last five years. One particular treatment program, Project 12-Ways (Lutzer & Rice, 1984) has been the focus of most of these studies. Project 12 Ways is a large service project that has attempted to incorporate multiple strategies to treat and prevent child abuse through in-home services to families in Illinois. Lutzer, Frame, & Rice, (1982) described 12 various interventions that were part of their program including: parent child training, basic skills training, health maintenance and nutrition, home safety, marital counseling, stress reduction, money management, leisure time counseling, job finding, self control training, alcoholism treatment referral, and education for unwed mothers. What is not entirely clear about this program is on what basis clients are referred for particular intervention strategies. One

of the studies (Campbell, 1983) indicated that the interventions for each client were recommended following a four week assessment of the family that included in-home interviews, observation of family interaction patterns, and contacts with social agency professionals. However, no further information was provided and none of the other studies made mention of this evaluation procedure. Project 12-Ways has been assessed on three various levels: (a) single case experiments to provide empirical documentation for the specific treatment technique; (b) multiple-baseline or group design to provide documentation of the generality of the treatment procedures, and (c) program evaluation to determine the overall effectiveness of the project in reducing reincidence of abuse.

Two single case experiments have been completed. Campbell et al. (1983) described a family for whom they treated the mother with stress management for migraine headaches, provided parent training so the parents could effectively manage their daughter's non-compliant behavior, and provided marital counseling for the couple. Single-subject research designs demonstrated that the treatments used produced behavior changes in the desirable direction. A second study by Rosenfield-Schlichter, Sarber, Bueno, Greene, & Lutzer (1983) found that a behavioral intervention was successful in improving the hygeine of two children in a neglectful family. Both studies used ABAB designs to evaluate effectiveness of their interventions. In the Campbell et al. (1983) study observational measures with adequate reliability were used to assess the outcome of the stress management and parent training interventions. A rough estimate of marital happiness was used to

evaluate the marital treatment component, but no reliability information was provided for this measure. In the Rosenfield-Schlichter (1983) study an ABAB design was used to evaluate the effectiveness of a behavioral intervention for improving the hygeine of two children in a neglectful family. The researchers created an instrument with five categories with which levels of hygeine were rated. Unfortunately, the authors provided no reliability or validity information on the instrument. In both studies researchers concluded that their interventions had been successful in producing the desired change. However, the methodological weaknesses of both these studies preclude clear or valid conclusions being drawn about the effectiveness of the interventions evaluated in these studies.

At the second level two studies have been completed. Barone, Greene, & Lutzer (1986) used a multiple baseline design with three families to evaluate the effectiveness of a home-safety treatment intervention. The program used a standardized treatment package for abusive families that required a minimal amount of professional involvement. This program was found to be successful in reducing various hazards accessible to children in the homes of all three families. Similarly, Tertinger, Greene, & Lutzer (1984) used a highly structured education-feedback program with six families in a multiple baseline design. This study also found that the intervention led to decreases in the number of hazards accessible to children.

Despite the fact that these studies by Barone et al. (1986) and Tertinger et al. (1984) are pre-experimental designs they by and large rule out major threats to internal validity and, thus, provide valid conclusions. In both studies objective measurement was

conducted. The Home Accident Prevention Inventory (HAPI) was used in the studies and its reliability was more than adequate. In addition, in both studies continuous data were obtained, stable data before and after treatment were provided, marked effects were evident, and several subjects were used. These characteristics make it difficult to explain the results by referring to the usual threats to internal validity. These studies have focused on poor home safety conditions which are frequently associated with child neglect. The results provide evidence that this particular aspect of neglect can be changed with the use of a treatment component of an ecobehavioral intervention package. However, the lack of follow up data in both these studies precludes determining that changes were durable over time.

The last level of the project that has been researched is an overall program evaluation. The first study done in this area (Lutzer et al., 1982) had numerous methodological flaws such as, lack of randomization and the absence of control or comparison groups, that precluded valid conclusions being drawn. In the second evaluation Lutzer & Rice (1984), compared a group of randomly selected Project 12 Ways families with a group of randomly selected abusive families from a similar population (i.e., parents had been reported to state protective services due to at least one incident of abuse). The dependent measure used was reported incidents of abuse or neglect during or after treatment services were terminated. The researchers found that families in the ecobehavioral group were less likely to have repeated abuse or neglect during or one year after treatment. A weakness with this study was the use of reported incidents of

abuse as an outcome measure. As aforementioned it is considered a rough estimate of outcome and its reliability as a measure is suspect. Thus, while the results of this study are encouraging they must be viewed with some caution.

In the only study of multisystemic therapy, Brunk et al. (1987) compared multisystemic treatment with a parent training intervention. The subjects included abusive and neglectful families that were randomly assigned to one of the two treatment groups. In the multisystemic group the treatment interventions varied for each family, depending on the strengths and weaknesses of the particular systems. All families received family therapy in which the therapists used joining, reframing, and prescribing tasks designed to change interaction patterns. Most of the families also received "informal parent training," and some families had interventions focused on improving the marital relationship, parents relationships with extended family, and child peer relationships. The authors concluded that families who received multisystemic treatment showed decreased levels of parental psychological symptoms, reduced overall stress, and reduced severity of identified problems. In comparison to the parent training intervention, multisystemic therapy resulted in greater amelioration of family problems and facilitated positive change in some behavior patterns that have differentiated maltreating families from nonabusive families (Crittenden, 1981). However, due to the fact that the study included two comparison groups but did not include a control group, it cannot be concluded that the changes resulted directly from the

intervention. Similarly, the lack of any follow up data in this study raises questions as to the effectiveness of this intervention over time.

An ecological perspective to child abuse is one that views the problem as being multidimensional and multidetermined. Accordingly, the treatment approach does not focus on one particular intervention but rather attempts to integrate different treatment components and deal with problems at various levels of the system. Research on this approach has begun only in the last five years. The studies that have been done to date indicate that this may be a viable treatment approach. Several of the treatment components (i.e., parent training, stress management, anger control, home safety) have been proven to be effective in reducing behaviors that have been associated with child abuse. Evaluations of the overall treatment approach have also suggested that this approach may have some promise. One important research question that needs to be addressed is what treatment components are most effective or necessary for the overall treatment program. Another difficulty researching this form of intervention is the fact that the treatment components tend to vary for each client. More description of the evaluation and assessment procedures that are used to determine the particular treatment package for a client are needed. Lastly, research on the reliability and validity of these assessment procedures needs to be conducted.

Supportive/Discussion Group.

Nine of the thirty-six studies reviewed in this paper examined various forms of the supportive/discussion group interventions for abusive parents (See Table 3 for a description of these studies). The

goals of these groups were broadly focused and typically defined in general terms. The development of parenting skills, while a goal in some of the studies, was not the main focus of treatment. Common goals of these studies were for parents to enhance their self-esteem, gain confidence in themselves as parents, develop their social supports, become more familiar with community resources, receive nurturance, and to develop appropriate nutrition and health habits. Videotapes, films and lectures by experts were sometimes used, but these procedures were used to facilitate discussion, as the emphasis was on the support and help obtained from peers as opposed to professionals.

The context and methods of these studies were similar. The groups were typically conducted at an agency setting on a once per week basis. In the majority of these studies the descriptions of the training methods that were employed were too general. Burch & Mohr (1980) described their program as having the first twenty five minutes for socialization, followed by a twenty five minute educational presentation that was relevant to group members and that was supposed to aid in increasing their parenting skills. In the final twenty five minutes there was a small group discussion where "the workers used a variety of techniques to nurture participants" (p. 92). Similarly, in other programs (Thommason, Berkowitz, Minor, Cassle, McCord, & Milner, 1981; Wolfe, 1988; Lieber, 1977; Hinker, 1985) researchers mention the use of films, speakers, and discussion but provide very little information about these methods. A study by Armstrong (1981) included home based visits by a social worker in addition to the support group meetings. The author's description of

those home based visits were that "the parents received counseling, referral assistance, parent education, and nurturance" (p. 168).

In contrast to these studies one supportive/discussion treatment program Golub et al.. (1987), did provide a sufficient description of their methods. This program is based on a videotape which consists of 13 episodes showing common problem situations between parents and their children along with three or four alternative ways the situations could be handled. The parents met in a group and discussed one episode a week. A group leader facilitated the discussion by asking a series of questions from a discussion guide (the three page guide was included in the appendix of the study).

Each of the eight supportive/discussion group studies reported some success in changing parents attitudes, behaviors or feelings. For example, Thommason et al. (1981) concluded that "the changes in the abuse scores appear to reflect improved parental attitudes which in turn should reflect improved parenting skills and less incidence of child abuse"(p. 248). Unfortunately, all of these studies but one (Wolfe, 1988) have significant methodological shortcomings. Only two of the studies (Wolfe, 1988; Burch & Mohr, 1980) used a control or comparison group and conducted a follow up evaluation, while only one of the studies randomly assigned subjects. Thus, in the majority of these studies rival hypotheses such as maturation, history, testing and placebo cannot be ruled out. In the only study that employed a true experimental design, Wolfe (1988) compared a social learning parent education group with a supportive/discussion group. Significant improvements for the supportive/discussion group were found on two of the four outcome measures at post

treatment and at a one year follow up evaluation. Significant positive changes were found on a measure of the quality of the child rearing environment, including certain aspects of social, emotional, and cognitive support to the child and on a measure that assessed the child's adaptive behavior, but not on an observational measure of parent-child interactions or self-report measures of parenting risk and child behavior problems.

Comparison Studies.

There have only been a few studies that have attempted to compare the effectiveness of various treatment approaches. In one of the few studies, Wolfe (1988) compared a group of parents who participated in a support group with a group of parents who participated in the support group as well as a child mangagement training program. Both groups showed improvements on instruments that measured their child's adaptive behavior and the child rearing environment. The group that received both treatments had significant improvements on the Child Abuse Potential Inventory (CAPI), which measures parenting risk, and child behavior problems, whereas the support group did not. Overall, the treatment program coupling a supportive intervention with a behavioral child management program was more effective than a supportive approach alone. Unfortunately, this study did not evaluate whether or not the combination of supportive and child management training is any more effective than a child management training intervention alone.

In another comparison study Brunk et al. (1987) compared mulitsystemic therapy with a child management training

intervention. The study included 30 families who were randomly assigned to one of the two conditions and that were compared on a number of self-report and observational measures. One weakness of the study was that the parent training group was not typical of other social learning child management training interventions, in that the group was a strictly informational group that did not include modeling, role-play or behavioral rehearsal procedures. Families in both multisystemic therapy and parent training showed decreased parent psycholgoical symptoms, reduced overall stress, and a reduction of identified problems at post treatment. A follow up evaluation was not performed. The observational findings demonstrated that multisystemic was more effective than the parent training at restructuring parent child relations. Furthermore, multisystemic therapy facilitated positive change in behavior patterns that have been shown to differentiate maltreating families from nonproblem families. Following the multisystemic therapy abusive parents showed increased effectiveness in their attempts to control their children, maltreated children exhibited less passive non compliance; and neglecting parents became more responsive to their child's behavior. Parent training was found superior to multisystemic therapy on only one measure. Parents who received parent training reported a greater decrease in social problems. It seems plausible to theorize that this difference was due to the fact that parent training was conducted in a group setting. In summary, there appear to be some differences in the effects the two groups had and in general the multisystemic therapy provided certain advantages over an information based parent training group.

Egan (1983) investigated and compared the effects of stress management training and child management training for abusive parents on self-report, observational and role-play measures. Parents were randomly assigned to one of four conditions: child management training; stress management training; combination of stress management training and child management training and a treatment as usual condition. The results indicated differential effects for the interventions and did not suggest the superiority of one component over the other. Parents who received the stress management component displayed more positive affect toward their child, their child demonstrated more positive affect toward them, and the parents offered more direct commands to their child. In addition, parents also reported less negative affect associated with life events and less conflict among the family. In contrast, the parents who received the child management component were more likely to talk to their child during a role play situation, were less likely to verbally attack the child during this period, and were more likely to reinforce their child following a compliance to a command. Surprisingly, the combination class was not superior to any other group on any measure. This can partially be explained for by the fact that the combination group spent half the time on each of the skills that the regular groups did and had less time for examples and discussion. The findings of this study suggest that both child management training and stress management training have a place in the treatment of abusive parents. Egan (1983) suggested that a combination of the two treatments with the child management training being followed by stress management training could be

quite effective. He theorized that the direct intervention into aversive interactions with child management training could be a good first step in rapidly altering abusive behaviors, and that an important follow up for maintaining positive interactions would be to provide the parent with skills and techniques to help manage their stress.

Single vs Mulitple Interventions.

One question that thas been raised in the literature is whether a parent training intervention that includes a number of treatment components is more effective than an approach that uses one primary intervention. For example, is a training program that includes child management training, stress management training, and anger control training more effective than a treatment program that includes only child management training? Treatment approaches from an ecological perspective have made this assumption, theorizing that a treatment program should address as many problems as possible. However, the research findings on this issue are inconclusive. Studies by Wolfe et al. (1988) and Brunk et al. (1987) would seem to suggest that multiple interventions are more effective than single interventions. Wolfe found that support combined with parent training was more effective than the support group alone. Similarly, Brunk et al. (1987) found that multisystemic therapy, which included family therapy, parent training, and marital treatment was more effective than a parent training program alone. However, in both studies the differences between these groups could just as easily be attributed to the treatment modality. In fact, one questions if Brunk et al. (1987) would have found the same

differences if they had used a more common parent training intervention instead of an information group only. Moreover, Egan's study did not find a combination of stress management training and child management training to be more effective than the control condition or either of the treatment groups. In sum, there has not been enough research in this area to determine whether single versus multiple interventions are superior.

Setting

There have been no research studies directly investigating the effects of treatment setting on outcome. Several researchers have suggested that treatment in-home is more effective, and it seems natural to assume that this would be true. Considering the issue of generalizability and the potential opportunity to have parents rehearse procedures with their children present, in-home training would seem to have some advantages to treatment in the clinic. There is some evidence to suggest that this may be true.

In Brunk et al. (1987) study, multisystemic therapy, which was conducted in the home, was found to be more effective than a parent training group conducted in a clinic. However, with this study it is not possible to rule out other obvious explanations of the differences, and as a result, setting clearly cannot be identified as having a significant effect on outcome. Green, Power, Steinbook, & Gaines (1981) conducted a treatment outcome study on abusive parents in a treatment program that included individual therapy, group therapy, and home visiting and telephone advocacy. They found that parents who received home visiting and telephone advocacy fared better in treatment than patients receiving outpatient treatment alone.

Unfortunately, this study was characterized by some significant methodological flaws, including no control group, lack of random assignment ,and the use of a post treatment measure only. Hornick & Clark (1986) compared abusive paents who received a standard social work approach with a group who received this in addition to home visits by lay counselors. While both groups showed improvements on outcome measures, the group with home visits improved slightly more than the standard treatment group.

Voluntary vs Involuntary

The effect of court-ordered treatment with abusive parents has been analyzed in a couple of studies. In a retrospective analysis of abusive parents who were referred to a child management training program, Wolfe et al. (1980) found that parents who were court ordered to complete treatment as a requirement for full return of child custody were five times more likely to complete treatment than a voluntary family. In another study comparing voluntary vs involuntary abusive families, Irueste-Montes et al. (1988) found that less court ordered parents dropped out of treatment than did voluntary parents. These studies highlight the need to use court or similar procedures to underscore importance of active involvement in learning more appropriate skills. An effective treatment program is of little value if parents do not participate in it. Wolfe (1980) has suggested that other procedures such as use of positive incentive programs be used to improve compliance, but to date these alternatives have not been adequately evaluated..

Summary and Conclusions

There is a growing and maturing body of research evaluating the effectiveness of treatment interventions for abusive parents. The information provided by these studies, with attention to their strengths and weaknesses, suggest means for enhancing child abuse treatment and outcome research. After reviewing these studies it is clear that several areas in the present body of research need consideration towards improvement.

Implications for Research

At this point in time there is clearly sufficient empirical evidence to answer the general question "Does treatment X work?" In fact, there is ample evidence indicating that several forms of intervention are effective with abusive parents; and thus, perhaps the question's most accurate answer is that treatments X, Y, and Z work. With this basic question answered, it becomes necessary to ask more specific and detailed questions. The effectiveness of treatment programs needs to be analyzed in relation to various intervention components, methods of training, characteristics of the target population, setting and circumstances of the treatment, and other treatment approaches. In order to accomplish this, weaknesses in the research design of these studies need to be addressed. There should be a continuing trend toward the use of more sophisticated comparison designs that make use of control groups, random assignment of subjects, and long-term follow up. While the ethical and practical difficulties of using control groups with this population have been raised by some researchers, as has been noted in this paper, the treatment-as-usual control group is an appropriate

alternative to the no treatment or wait-list control groups. The seriousness of the problem of abuse as well as the finding in the general parent training literature that coercive patterns get easily reestablished in some families (Patterson, 1982) point to the need for long term follow up evaluation. Finally, future studies need to begin to isolate what components of the treatment approaches are effective, and to compare the effectiveness of various types of interventions. Is, for example, child management training more effective used as an intervention by itself or is it more effective when coupled with a supportive/discussion group? The research must begin to address the question "what treatment, by whom, is most effective for this individual?"

Several shortcomings regarding the dependent measures and description of the client have been mentioned. In general, studies need to more carefully and clearly delineate the characteristics of the clients. This should involve a full demographic description including variables such as social involvement, social stress, and parental psychological symptoms, all of which have been associated with abusive parents. In addition, documentation of the type and severity of the maltreatment as well as of baseline data pertaining to the abusive or neglectful behavior are crucial in evaluating the outcome of treatment. Ideally, studies of child abuse treatment should assess both target skills and actual abuse and should not depend on a sole measure to evaluate the efficacy of treatment. The combination of observational and self-report measures as well as a measure of actual occurrence of abuse should be common to all studies.

Probably the greatest failure of treatment programs for abusive parents has been high drop out and attrition rates. One of the primary areas of focus for future studies must be on increasing the compliance of clients to treatment. Wolfe (1980) has emphasized the role of the court system in improving compliance, but other procedures such as the use of positive incentive programs have not been adequately assessed. One other possible means for improving compliance is through the imposition of signficant fines against parents when an incident of abuse is documented. The withdrawal of the fine could then be made contingent upon the parent's participation in the treatment program and upon their acquisition of targeted skills.

Implications for Treatment

The use of social learning interventions should be the core of any treatment for abusive parents. The findings of the studies reviewed in this paper provide strong support for the efficacy of social learning interventions with abusive parents. The teaching of child management techniques was particularly effective in reducing coercive family interactions and in the development of more positive, prosocial interactions between parent and child. The findings of the efficacy of stress managment training and anger control training were also positive, although this evidence was not as strong as it was for child management training. In addition, there was some limited research suggesting that stress management training and anger control training have differential effects when compared to child management training. The research did not favor the use of one particular method of training, but rather, several methods of

contribute to child abuse at the exosystem level (e.g., extrafamilial sociological factors) and at the macrosystem level (e.g., cultural values and beliefs) as well. Gaudin & Kurtz (1984) noted the limits of the social learning approach and stated: "the social learning approach may be a necessary treatment for child abusers but it is not always sufficient to deal with the range of factors contributing to the problem" (p. 51). Furthermore, it should be noted that in essence the ecological approach is an integration of social learning interventions (e.g., child management training, stress management training, anger control training, etc.) with other interventions directed to such contributing problems as unemployment, financial problems, social isolation, and marital conflict. Methods for treating problems at levels in addition to the family system should be a part of any child abuse treatment program. However, rather than a haphazard approach of applying a pre-determined package of treatment interventions to each abusive parent, more emphasis will need to be placed on assessment and evaluation of appropriate interventions for each client. This will require the development of standardized measures and assessment procedures that can be used to determine target areas for each client. Thus, on the basis of this present review it is recommended that the treatment of any abusive parent include child management training and in addition to this that evaluation and assessment be conducted to determine the need for other treatment interventions focusing on such areas as marital problems, stress management, anger control, social isolation, and poor home safety.

teaching skills to parents were proven effective. Furthermore, based on the findings of the studies reviewed in this paper and on extensive previous research (Bandura, 1977), the use of modeling, behavioral research, feedback, and reinforcement, are strongly recommended over training methods that strictly provide information.

The use of supportive/discussion group is not recommended as a treatment for abusive parents since its efficacy has not been demonstrated in the empirical literature. Almost all of these studies had major methodological flaws that have precluded valid conclusions from being drawn. However, while this approach has not been proven effective when used in isolation, it seems quite possible that this approach may be beneficial when used in combination with social learning interventions.

The findings of ecological treatment studies indicate that it is a promising treatment approach. At present, the research on this approach is somewhat limited, primarily because empirical studies have begun in only the last five years. The few empirical studies that have been done indicate that several of its treatment components are effective in reducing their targeted behaviors. In addition, there is some research that provides modest support for the effectiveness of the overall treament program. While there have been no treatment studies comparing an ecological treatment program with a social learning intervention, on a theoretical level it seems that the ecological approach offers some advantages. Unlike the social learning model it is not limited to dealing only with the microsystem, or family. It considers and treats factors that

Table 1

Descriptive Characteristics of Studies of Social Learning Interventions for Abusive Parents.

Study	Research Design	Goals/ Skills	Outcome Measures	Findings on Each Meas.
Iruesete-Montes (1988)	Quasi Exper 2 Non-Random Groups (Both Tx)	Child mgmt	Observational	+
Wolfe et al (1988)	Exper. 2 Random Groups (Both Tx)	Child mgmt; desensitization	Self-report; Observational; Foll-up(3mo)	++ o +
Brunk et al (1987)	Exper. 2 Random Groups (Both Tx)	Child mgmt; multisystemic	Self-report; Observational	+ +
Crimmins et al (1984)	Mult baseline	Child mgmt	Observational Foll-up(4 mo)	+ +
Lorber et al (1984)	Quasi Exper 3 Non-Random Groups (2 Tx, 1 Control)	Child mgmt	Observational Foll-up(18 mo)	+ +
Barth et al (1983)	Quasi Exper 2 Non-Random (1 Tx, 1 Control)	Anger control; Child mgmt	Self-report; Observational Foll-up(3 mo)	+ + +
Egan (1983)	Exper 4 Random Groups (3 Tx, 1 Control)	Stress & Child mgmt	Self-report; Observational; actual abuse;	+ ++ +
Nomenelli & Katz (1983)	Mult baseline	Anger control	Self-report; Observational; Foll-up(6 mo)	+ + +
Wolfe et al (1982)	Mult baseline	Child mgmt	Observational Foll-up(3 mo)	++ +

Key: ++ very positive results for efficacy of intervention
+ positive results for efficacy of intervention
o results did not demonstrate efficacy of intervention
* results limited by methodological weaknesses

Table 1--Continued

Study	Research Design	Goals/ Skills	Outcome Measures	Findings on Each Measure
Reid et al (1981)	Quasi Exper; 3 Non-Random Groups (2 Tx 1 Cont)	Child mgmt	Observational	+
Wolfe et al (1981)	Quasi Exper 2 Non-Random (Tx & Cont)	Child mgmt; Anger control	Self-report; Observational Foll-up(1 yr)	++ ++ +
Wolfe & Sandler (1981)	Mult baseline	Child mgmt	Observational Foll-up(1 yr)	++ +
Conger (1980)	Quasi-Exper 2 Non-Random Groups (2 Tx)	Child & Stress mgmt	Self-report; Observational	+* +*
Denicola & Sandler (1980)	2 Variable withdrawal	Child mgmt; Anger control	Observational	+
Wahler (1980)	Mult baseline	Child mgmt	Observational Foll-up(2 mo)	+ o
Crozier & Katz (1979)	Mult baseline	Child & Stress mgmt	Observational Foll-up(6 mo)	+ +
De Bortali-Tregerthan (1979)	Mult baseline	Child mgmt	Observational Foll-up(18 mo)	+ +
Mastria et al (1979)	Mult baseline	Child mgmt	Observational	+
Murphy & Davis (1979)	Mult baseline	Child mgmt	Observational	+
Sandler et al (1978)	Mult baseline	Child mgmt	Observational	+

Key: ++ very positive results for efficacy of intervention
+ positive results for efficacy of intervention
o results did not demonstrate efficacy of intervention
* results limited by methodological weaknesses

Table 2

Descriptive Characteristics of the Studies of an Ecological Treatment Approach.

Study	Research Design	Goals/ Skills	Outcome Measures	Findings on Each Measure
Brunk et al (1987)	Exper 2 Random Groups (Both Tx)	Multisystemic (e.g., family therapy informal parent training; social support)	Self-Report; Observational	++ +
Barone et al (1986)	Multiple baseline	Home safety	Observational	+
Lutzer & Rice (1984)	Quasi-Exper 2 Random Groups (Both Tx)	Ecobehavioral (e.g., child/ stress mgmt; social support; home-safety)	Actual abuse	+*
Lutzer et al (1984)	Quasi-Exper 2 Non-Random Groups (Both Tx)	Ecobehavioral (e.g., child/ stress mgmt; social support; home-safety)	Actual abuse	+*
Tertinger et al (1984)	Multiple baseline	Home safety	Observational	+
Campbell et al (1983)	Multiple baseline	Stress/child mgmt;marital therapy	Observational	+
Rosenfield-Schlichter et al(1983)	Multiple baseline	Hygeine/ Personal Cleanliness	Observational	+

Key: ++ very positive results for efficacy of intervention
+ positive results for efficacy of intervention
o results did not demonstrate efficacy of intervention
* results limited by methodological weaknesses

Table 3

Descriptive Characteristics for the Studies of a Supportive/Discussion Group Treatment Approach.

Study	Research Design	Goals/ Skills	Outcome Measures	Findings on Each Measure
Wolfe et al (1988)	Exper. 2 Random Groups (Both Tx)	(1):Parent's personal growth (e.g., self-esteem, social skills) (2):Child mgmt	Self-report; Observational; Foll-up(3mo)	+ o +
Golub et al (1987)	Pre-Exper (1 Group)	Knowledge re: child mgmt; self-esteem	Rating of Structured Interview	+ *
Hornick & Clarke (1986)	Quasi-Exper 2 Non-Random Groups (Both Tx)	Provide nurturance for parents; improve homemaking skills	Self-report; Therapist rating.	o + *
Resnick (1985)	Pre-Exper 2 Groups (Both Tx).	Self-esteem; social support; goal setting; knowl re: child mgmt	Self-report; Observational	o o
Armstrong (1981)	Pre-Exper (1 Group)	Personal growth; health habits; social support	Self-report; Observational; Actual Abuse	o o + *
Green et al (1981)	Pre-Exper (1 Group)	Knowledge/ feelings re: child; empathy; self-observation	Therapist rating.	o
Thomason et al (1981)	Pre-Exper (1 Group)	Knowledge re: child develop; social support; communication training	Self-Report	+ *

Key: ++ very positive results for efficacy of intervention
+ positive results for efficacy of intervention
o results did not demonstrate efficacy of intervention
* results limited by methodological weaknesses

Table 3--Continued

Study	Research Design	Goals/ Skills	Outcome Measures	Findings on Each Measure
Burch & Mohr (1980)	Quasi Exper 2 Non-Random Groups (1 Tx; 1 Control).	Parent attitudes; social support; knowledge re: child development; provide nurturance	Self-Report	+ *
Lieber et al (1977)	Pre-Exper (1 Group)	Self-esteem; knowledge/ feelings about parenthood; social support	Self-Report; Actual Abuse	+ * + *

Key: ++ very positive results for efficacy of intervention
+ positive results for efficacy of intervention
0 results did not demonstrate efficacy of intervention
* results limited by methodological weaknesses

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